

13-40  
7-39  
X23159

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 Days (Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2917 Missouri  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 30 years years.

3. (a) PRINT NAME Nicholas Renner 560  
FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 3 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 0 24 hr. min.

9. Birthplace Hungary  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Rope Factory

12. Name Anton Renner

13. Birthplace Hungary  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Rosner

15. Birthplace Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Moligor  
(b) Address 2917 Missouri

17. (a) Burial (b) Date thereof 7-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director J. F. Bredeck  
(b) Address 2929 S. Jefferson Ave.

19. (a) JUL 29 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27,  
year 1940 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from July  
2, 1940, to July 27, 1940,  
that I last saw him alive on July 27, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Cirrhosis 6 years  
Duration

Due to Chronic Cholelithiasis 6 years  
Cholelithiasis

Due to \_\_\_\_\_

Other conditions Cholelithiasis, Biliary Infection  
(Include pregnancy within 3 months of death)

Major findings: Of operations See above

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. S. Taylor (M. D. or other) MD  
Address 1515 Lafayette Date 7/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*Paul A. Shanklin*

Registered Apprentice No.

working under my personal supervision.

Signed

*Paul A. Shanklin*

Licensed Embalmer No.

*3472*

P. O. Address

*2929 S. Jeff.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**